



MIAMI-DADE COUNTY
GENERAL SERVICES ADMINISTRATION
FACILITIES and UTILITIES MANAGEMENT DIVISION
OFFICE OF ELEVATOR SAFETY
 111 NW 1st Street, Suite 2410
 MIAMI, FLORIDA 33128
 305.375.1175

www.miamidade.gov/gsa/elevatormain.asp

For Office Use Only

Serial #

SECTION 1 – ELEVATOR COMPANY INFORMATION

Organization Name			Estimated Completion Date	
Address				
City	County	State	Zip Code	

CONTACT INFORMATION

Contact Name	Primary Business Phone Number
Primary E-Mail Address	Alternate Phone Number or Fax Number

SECTION 2 – ELEVATOR INFORMATION

Elevator Class: Please check the appropriate box.

- | | | |
|--|---|---|
| <input type="checkbox"/> 01-Traction Passenger | <input type="checkbox"/> 07-Moving Walk | <input type="checkbox"/> 14-Sidewalk Elevator |
| <input type="checkbox"/> 02-Hydraulic Passenger | <input type="checkbox"/> 08-Inclined Lift | <input type="checkbox"/> 15-Material Lift/Dumbwaiter with Automatic Transfer Device |
| <input type="checkbox"/> 03-Traction Freight | <input type="checkbox"/> 09-LU/LA (Limited Use / Limited Application) | <input type="checkbox"/> 16-Special Purpose Personnel Elevator |
| <input type="checkbox"/> 04-Hydraulic Freight | <input type="checkbox"/> 10-Dumbwaiter | <input type="checkbox"/> 17-Inclined Stairway Chairlift |
| <input type="checkbox"/> 05-Hand Power Passenger | <input type="checkbox"/> 12-Escalator | <input type="checkbox"/> 18-Inclined & Vertical Wheelchair Lift |
| <input type="checkbox"/> 06-Hand Power Freight | | |

Manufacturer's Number

Elevator Number	Capacity	Landings	Travel in Feet	Speed Up	Speed Down
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Building Type: Please check one of the following.

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|--|---|
| <input type="checkbox"/> C-Commercial (ex. airports, banks, department stores, office buildings) | <input type="checkbox"/> HP-Hospitals (medical centers, nursing homes, adult congregate living facilities, etc) |
| <input type="checkbox"/> CC-Community College | <input type="checkbox"/> I-Industrial (paper mills, power plants, manufacturing) |
| <input type="checkbox"/> CD-Condominiums | <input type="checkbox"/> R-Food service |
| <input type="checkbox"/> CH-Churches | <input type="checkbox"/> S-Schools (except grades K-12) |
| <input type="checkbox"/> CI-City Buildings | <input type="checkbox"/> SE-Schools grades K-12 |
| <input type="checkbox"/> CO-County Buildings | <input type="checkbox"/> ST-State agencies |
| <input type="checkbox"/> H-Public lodging (hotel, motel) | <input type="checkbox"/> U-Universities |

SECTION 3 – BUILDING INFORMATION

Primary Name (enter name of the building owner)			
D/B/A Name (enter Business Name or Doing Business As Name of the building)			
Main Address (enter building address)			
City, Village, Township	County	State	Zip Code
Folio No.			Master Permit

SECTION 4 – VARIANCE INFORMATION

Does the elevator being installed meet the minimum standards of Chapter 30 of the Florida Building Code? ☐ Yes ☐ No

If no, you are required to contact your local office to have the variance granted. The variance must be approved prior to approval of the install permit. The approved variance must be attached to this form.

SECTION 5 – APPLICANT SIGNATURE

All Permits are valid for one year from date of issuance (Chapter 61C-5, FAC)

Authorized Signature of Applicant	Date Signed
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Social Security Number*	Date Submitted
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* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.

SECTION 6 – FEES SUBMITTED

Permit to install	
Plans Review	
1 st Year Certificate of Operation	
Expedite fee (if applicable)	
Total Fee submitted for this unit	

SECTION 7 – OFFICE USE ONLY

Maintenance Status		For Validation Use Only
Maintenance Contract		
Maintenance Company		
Age Installed (note: this is the date the permit to install is approved)		
Approved By		Approval Date
Inspector's Name		